

10/591477

APPLICATION DATA SHEET

Application Information

IAP5 Rec'd PCT/PTO 01 SEP 2006

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|---------------------------------|------------------------|
| Application Type: | National Phase |
| Subject Matter: | Utility |
| Suggested Classification: | |
| Suggested Group Art Unit: | |
| CD-ROM or CD-R?: | None |
| Number of CD disks: | |
| Number of copies of CDs: | |
| Sequence submission?: | |
| Computer Readable Form (CRF): | |
| Number of copies of CRF: | |
| Title: | NOVEL SULFONYLPYRROLES |
| Attorney Docket Number: | 27580U |
| Request for Early Publication?: | No |
| Request for Non-Publication?: | No |
| Suggest Drawing Figure: | |
| Total Drawing Sheets: | 0 |
| Small Entity?: | No |
| Latin name: | |
| Variety denomination name: | |
| Petition included?: | No |
| Petition Type: | |
| Licensed U.S. Govt. Agency: | |
| Contract or Grant Numbers: | |
| Secrecy Order in Parent Appl.?: | |

Applicant Information (1)

| | |
|------------------------------|---------------|
| Applicant Authority type: | Inventor |
| Primary Citizenship Country: | DE |
| Status: | Full Capacity |
| Given Name: | Thomas |
| Middle Name: | |

Family Name: MAIER
Name Suffix:
City of Residence: Stockach
State or Province of Residence:
Country of Residence: DE
Street of Mailing address: Panoramaweg 31
City of mailing address: Stockach
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78333

Applicant Information (2)

Applicant Authority type: Inventor
Primary Citizenship Country: DE
Status: Full Capacity
Given Name: Thomas
Middle Name:
Family Name: BECKERS
Name Suffix:
City of Residence: Konstanz
State or Province of Residence:
Country of Residence: DE
Street of Mailing address: Aeschenweg 12
City of mailing address: Konstanz
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78464

Applicant Information (3)

Applicant Authority type: Inventor
Primary Citizenship Country: DE
Status: Full Capacity
Given Name: Thomas
Middle Name:

Family Name: BAER
Name Suffix:
City of Residence: Reichenau
State or Province of Residence:
Country of Residence: DE
Street of Mailing address: Berggaessle 5
City of mailing address: Reichenau
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78479

Applicant Information (4)

Applicant Authority type: Inventor
Primary Citizenship Country: DE
Status: Full Capacity
Given Name: Petra
Middle Name:
Family Name: GIMMNICH
Name Suffix:
City of Residence: Konstanz
State or Province of Residence:
Country of Residence: DE
Street of Mailing address: Sonnenbuehlstr. 58
City of mailing address: Konstanz
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78464

Applicant Information (5)

Applicant Authority type: Inventor
Primary Citizenship Country: DE
Status: Full Capacity
Given Name: Frank
Middle Name:

Family Name: DULLWEBER
Name Suffix:
City of Residence: Konstanz
State or Province of Residence:
Country of Residence: DE
Street of Mailing address: Mainaustr. 209b
City of mailing address: Konstanz
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78464

Applicant Information (6)

Applicant Authority type: Inventor
Primary Citizenship Country: DE
Status: Full Capacity
Given Name: Matthias
Middle Name:
Family Name: VENNEMANN
Name Suffix:
City of Residence: Konstanz
State or Province of Residence:
Country of Residence: DE
Street of Mailing address: Leinerstrasse 20
City of mailing address: Konstanz
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78462

Representative Information

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|---------------------------------|--------|
| Representative Customer Number: | 034375 |
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Domestic Priority Information

| Application: | Continuity Type: | Parent Application: | Parent Filing Date: |
|--------------|------------------|---------------------|---------------------|
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Foreign Priority Information

| Country: | Application number: | Filing Date: | Priority Claimed: |
|----------|---------------------|----------------|-------------------|
| EP | 04101003.4 | March 11, 2004 | Yes |
| | | | |

Assignee Information

Assignee name: Altana Pharma AG
Street of mailing address: Byk-Gulden-Str. 2
City of mailing address: Konstanz
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78467